



Application Korea War Medal



Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Branch of Service: _____

Dates of Service: _____

Were you Honorably Discharged? _____

I hereby authorize Congressman John Thune or any members of his staff to make inquiries with the appropriate federal departments or agencies on my behalf which would entail releasing to him or his staff information and records necessary to answer my question and / or to help resolve my problems.

(Signature)

(Date)

**** Please include a copy of your discharge or DD214 papers. ****

**Please return forms to:
US Congressman John Thune
2310 West 41st Street, Suite 101
Sioux Falls, SD 57105**